

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/937482**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			4		5		6	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1		1			52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11		1		-			61						
12	1		1				62						
13		1		1			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22		1		1			72						
23		1		1			73						
24		1		-			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	38		38				TOTAL DEP.						
TOTAL CLAIMS	40		38				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS